



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ELKHART GENERAL HOSPITAL

City of Hospital: Elkhart

Year Begin: 01/01/2011 (mm/dd/yyyy format)

Year End: 12/31/2011 (mm/dd/yyyy format)

Medicare Provider Number: 150018

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$331517000
Outpatient Patient Service Revenue	\$282323000
Total Gross Patient Service Revenue	\$613840000

2. Deductions From Revenue

Contractual Allowance	\$364410000
Other Deductions	\$9263000
Total Deductions	\$373673000

3. Total Operating Revenue

Net Patient Service Revenue	\$240167000
Other Operating Revenue	\$10761000
Total Operating Revenue	\$250928000

4. Operating Expenses

Salaries and Wages	\$92128000	Employee Benefits	\$29355000
Depreciation and Amortization	\$17606000	Interest Expense	\$2042000
Bad Debt	\$18369000	Other Expenses	\$103442000
Total Operating Expenses	\$262942000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-12014000	Total Assets	\$396503000
Net Non-operating Gains over Loss	\$6795000	Total Liabilities	\$180798000
Total Net Gains	\$-5219000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$284997000	\$207825000	\$77172000
Medicaid	\$82292000	\$63420000	\$18872000
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$246551000	\$102428000	\$144123000
Total	\$613840000	\$373673000	\$240167000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$106934	\$-106934

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$84550	\$-84550
Hospital Patients	\$0	\$1637558	\$-1637558
Community Education	\$0	\$727353	\$-727353

Number of Medical Professionals Trained	99
Number of Hospital Patients Educated	12543
Number of Citizens Exposed to Health Education Messages	339096

Statement Six: Charity Statement

Hospital Charity Charges	\$22373000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$7656000	
HCI Payments	\$0		
Subtotal	\$0	\$7656000	\$-7656000
Medicaid Shortfalls	\$18872000	\$32050000	
Subtotal	\$18872000	\$39706000	\$-20834000
DSH Payments	\$2,669,000		
Subtotal	\$21541000	\$39706000	\$-18165000
Medicare Shortfalls	\$77171000	\$110997000	
Other Government Programs	\$0	\$0	
Total	\$98712000	\$150703000	\$-51991000

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$710000	\$1819000	\$-1109000
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0